## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)



Attorney's Docket Number: 5876.200-US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

	ginal, first and sole inventor (if only all names are listed below) of the province invention entitled:		
Cassette for storing	and insertion of solid medicine		
[] is attached h	which (check only one item below) ereto United States application	:	
Application No	o Be Assigned		
on April 13, 200 and was amended on	0		
[ ] was filed as PCT in Number on and was amended undon	nternational application ler PCT Article 19		
	have reviewed and understand as amended by an amendment refe		fied specification,
	uty to disclose information which 37, Code of Federal Regulations,		this application in
application(s) for pat inventor's certificate the United States of patent or inventor's other than the United	ty benefits under Title 35, Unitedent or inventor's certificate or of or of any PCT international applic America listed below and have a certificate or any PCT internation States of America filed by me on (s) of which priority is claimed:	any PCT international applicatio ations(s) designating at least one lso identified below any foreign nal application(s) designating at	ns(s) for patent or country other htan application(s) for least one country
	FOREIGN/PCT APPLICATION(S	) AND ANY PRIORITY CLAIM	1S UNDER 35 U.S.C. 1
COUNTRY CT, indicated "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIR UNDER 35 USC

PRIOR U.S.	PROVISIONAL/FOREIGN/PCT	APPLICATION(S) AND	ANY PRIORITY (	TAIMS UNDER 35 H.S.C. 110-

COUNTRY		DATE OF FILING	PRIORITY CLAIMED
(if PCT, indicated "PCT")	APPLICATION NUMBER	(day, month, year)	UNDER 35 USC 119
Denmark	PA 1999 00509	16 April 1999	[X] YES [] NO
U.S.A.	60/130,625	22 April 1999	[X] YES [] NO
			[]YES []NO
			[]YES []NO
			[]YES []NO

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

Attorney's Docket Number:

5876.200-US

I hereby claim the benefit under Title 35, United States Code '120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this applications is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, '112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, '1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120

			UNDER 35 U.S.C. 120:	
		U.S. APPLICATIONS		STATUS (Check one)
	U.S. APPLIC	ATION NUMBER	U.S. FILING DATE	Patented Pending Abandoned
		PCT APPLICATIONS DESIGNATING	THE U.S.	
APPLICATION NO. FILING DATE		NO. FILING DATE	US SERIAL NUMBERS ASSIGNED (if any)	
POW	ER OF ATTORNEY	: As a named inventor, I hereby appoint the following	ng attorney(s) and/or agent(s) to prosecute this applic	ation and transact all business in the Patent and
33,72	28 Reg. No. 35,127	ted therewith, Steve T. Zelson Elias J. Lambiris N Reg. No. 36,993 Reg. No. 41,324 Reg. No. 3		mes Reza Green, Reg. No. 30,335 Reg. No.
Sen	d Correspondence t	o: Steve T. Zelson, Esq. Novo Nordisk of North America, Inc. 405 Lexington Avenue, Suite 6400		Direct Telephone Calls To: Steve T. Zelson (212) 867-0123
1	Full Name	New York, New York 10174-6400  Family Name	First Given Name	Second Given Name
	of Inventor	Buch-Rasmussen	Thomas	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Citizenship	Gentofte	Denmark	Denmark
	Post Office Address	Post Office Address	City	State & Zip Code/Country
		Dalvej 28	DK-2820 Gentofte	Denmark
2	Full Name of Inventor	Family Name Aasmul	First Given Name Søren	Second Given Name
	Residence &	City	State or Foreign Country	Country of Citizenship
	Citizenship	Holte	Denmark	Denmark
	Post Office Address	Post Office Address	City	State & Zip Code/Country
Address	Address	Borgmester Schneiders Vej	DK-2840 Holte	Denmark
		60		
3 Full Name of Inventor		Family Name	First Given Name	Second Given Name
	Flink	James	M.	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	-	Frederiksberg	Denmark	U.S.A.
	Post Office Address	City	State & Zip Code/Country	
		Fuglebakkevej 63	DK-2000 Frederiksberg	Denmark
4	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Deside a	Hansen	Philip	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	D . 055	Holte	Denmark	Denmark
	Post Office Address	Post Office Address	City	State & Zip Code/Country
		Skovmindevej 23B	DK-2840 Holte	Denmark

Post Office

Address



Post Office Address



State & Zip

Code/Country

## Attorney's Docket Number: COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications) 5876.200-US **Family Name** First Given Name Second Given Name Full Name of Inventor Juul-Mortensen State or Foreign Country Country of Citizenship City Residence & Citizenship Denmark Frederiksberg Denmark Post Office Address State & Zip Post Office Address Code/Country Junggreensvei 8 **DK-2000 Frederiksberg** Denmark Family Name First Given Name Second Given Name Full Name of Inventor **Poulsen** Jens Ulrik State or Foreign Country Country of Citizenship Residence & City Citizenship Virum Denmark Denmark Post Office Post Office Address City State & Zip Code/Country Denmark Virumgade 54C Denmark First Given Name **Family Name** Second Given Name Full Name of Inventor City State or Foreign Country Country of Citizenship Residence & Citizenship Post Office Address City State & Zip Post Office Code/Country Address **Family Name** First Given Name Second Given Name Full Name of Inventor State or Foreign Country Country of Citizenship City Residence & Citizenship Post Office Address City State & Zip Post Office Code/Country Address **Family Name** First Given Name Second Given Name Full Name of Inventor City . State or Foreign Country Country of Citizenship Residence & Citizenship

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing

City

Signature of Inventor 2	Signature of Inventor 3
Date	Date
Signature of Inventor 5	Signature of Inventor 6
Date	Date
Signature of Inventor 8	Signature of Inventor 9
Date	Date
	Date Signature of Inventor 5  Date Signature of Inventor 8